PTO/SB/21 (08-00)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/835,064			
Filing Date	04/13/2001			
First Named Inventor	Giuffrida et al.			
Group Art Unit	2175			
Examiner Name	Abel-Jold, Nevan			
Attorney Docket Number	HRL065			

07/14/2003

07/14/2003

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ENCLOSURES (check all that apply)							
Fee Transmittal For	m	Assignment Papers (for an Application)	After Allowance Communication to Group				
Fee Attached	i	Drawing(s)	Appeal Communication to Board of Appeals and Interferences				
Amendment / Reply	1	Licensing-related Papers	Appeal Communication to Group				
After Final		Petition	Proprietary Information				
. Affidavits/de	claration(s)	Petition to Convert to a Provisional Application	Status Letter				
Extension of Time R	Request	Power of Attorney, Revocation Change of Correspondence Address	Other Enclosure(s) (please identify below):				
Express Abandonm	ent Request	Terminal Disclaimer Request for Refund	DEOCULED				
Information Disclose	ure Statement	<u> </u>	RECEIVED				
		CD, Number of CD(s)	JUL 2 2 2003				
	ig Parts/	Response to Office Action 1.	Technology Center 2100				
	SIGNATU	IRE OF APPLICANT, ATTORNEY, OR	AGENT				
Firm or Individual name	CARY TOPE-	MCKAY					
Signature							
Date		07/14/2003					
CERTIFICATE OF MAILING							
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PTO/SB/17 (12/99)

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TRANSMITTAL for FY 2000

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TOTAL AMOUNT OF PAYMENT

(\$) 410.00

C	omplete if Known
Application Number	09/835,064
Filing Date	04/13/2001 RECFIVED
First Named Inventor	Giuffrida, et al.
Examiner Name	Neveen, Abel-Jalil JUL 2 2 2003
Group / Art Unit	2175
Attorney Docket No.	HRL065 Technology Center 219

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)							
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit	Larg Fee	DDIT e Entity Fee e (\$)	y Sma Fee		iity ⁹ Fee l	Description	n	Fee Paid
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Deposit Account	127	50	227	25	Surcharge - late cover sheet.	provisional fil	ling fee or	
Name	139	130	139	130	Non-English spe	cification		
Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17	147	2,520	147	2,520	For filing a reque	est for reexam	nination	
	112	920*	112	920	 Requesting publi Examiner action 	ication of SIR	prior to	
2. X Payment Enclosed: Check Order Other	113	1,840*	113	1,84	0* Requesting publi Examiner action	ication of SIR	after	
FEE CALCULATION	115	110	215	55	Extension for rep	•		
	116	380	216	190	Extension for rep	•		410.00
BASIC FILING FEE Large Entity Small Entity	117	870	217	435	Extension for rep	oly within thire	d month	
Fee Fee Fee Fee Description	118	1,360	218	680	Extension for rep	oly within four	th month	——
Code (\$) Code (\$) Fee Paid 101 690 201 345 Utility filing fee	128	1,850	228	925	Extension for rep	•	month	
106 310 206 155 Design filing fee	119	300	219	150	Notice of Appeal			——
107 480 207 240 Plant filing fee	120	300	220	150	Filing a brief in s	• •	appeal	
108 690 208 345 Reissue filing fee	121	260	221		Request for oral	-	o proposina	
114 150 214 75 Provisional filing fee		1,510		1,510	Petition to institu	•	•	
CUPTOTAL (4) (C)	140	110	240	55	Petition to revive			
SUBTOTAL (1) (\$)		1,210	241		Petition to revive		ldi	
2. EXTRA CLAIM FEES Fee from		1,210	242 243		Utility issue fee (Design issue fee	•		\vdash
Extra Claims below Fee Paid	143 144	430 580	243	215	Plant issue fee			
Total Claims	122	130	122	130	Petitions to the C	Commissioner	7	
Claims	123	50	123	50	Petitions related			
**or number previously paid, if greater; For Reissues, see below	126	240	126	240				
Large Entity Small Entity	581	40	581	40	Submission of In			
Fee Fee Fee Fee Description Code (\$) Code (\$)	361	40	301	70	Recording each property (times r			
103 18 203 9 Claims in excess of 20	146	690	246	345	Filing a submiss	ion after final	-	
102 78 202 39 Independent claims in excess of 3		000	040	245	(37 ČFR § 1.129			
104 260 204 130 Multiple dependent claim, if not paid	149	690	249	345	For each addition examined (37 CI			
109 78 209 39 ** Reissue independent claims over original patent	Other	fee (sp	ecify)				···	
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other	fee (sp	ecify)					
SUBTOTAL (2) (\$)	Redu	iced by	Basic	Filing	g Fee Paid	SUBTOTAL	. (3) (\$) 4	10.00
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Name (Print/Type) Cary Tope-Mckay		Regist (Attorne			41,350	Telephone	(310) 29	1-0390

SUBMITTED BY Complete (if applicable)						f applicable)
Name (Print/Type)	Cary Tope-Mckay		Registration No. (Attorney/Agent)	41,350	Telephone	(310) 291-0390
Signature			`		Date	07/14/2003

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